



WELLS-KNIGHTON HEALTH SYSTEM

## EMERGENCY DEPARTMENT TEMPORARY ORDERS

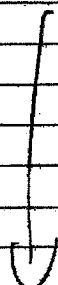
Henderson

- Date/Time 11/4/16 Level of service: ☐ Inpatient admission (expected to stay 2 midnights) ☒ Observation
1. Attending M.D. Craig Level of care: ☒ Routine ☐ Telemetry ☐ Step-Down  
☐ Critical Care ☐ PICU
2. Diagnosis: Branchitis & Hypoxia
3. Allergies (Including Food): NKA
4. Condition: ☒ Good ☐ Fair ☐ Poor
5. Vitals: Floor routine with BP every \_\_\_\_\_; Weigh on admission and ☐ daily  
☐ Urinary catheter/HOUDINI protocol; I & O every \_\_\_\_\_ hr; ☐ Neurological checks every \_\_\_\_\_ hr for \_\_\_\_\_ hr
6. NPO/Diet: Regular
7. Activity: Ad lib / Bed rest with bathroom privileges / Up with assistance / Complete bed rest
8. Lab/X-Ray: ☐ Bedside glucose \_\_\_\_\_, do not confirm: call MD if greater than 350 mg/dL or less than 70 mg/dL  
☐ EKG & Troponin every 6 hours times 2 - reason for exam: \_\_\_\_\_

**FAXED**  
 11/20/16 11:40 AM  
 812

9. MEDS: ☐ Oxygen via Nasal Cannula 2L/min ☒ Oxygen protocol ☐ Other \_\_\_\_\_

\* See Branchitis  
 Pathway \*



10. SALINE LOCK / IV FLUIDS: NS @ 50 cc/hr

11. OTHER: \_\_\_\_\_

12. CONSULT Dr \_\_\_\_\_

13. Complete care is turned over to Dr Craig on patient's admission to the hospital.  
 Notify him/her STAT or at \_\_\_\_\_ of admission/arrival and STAT for any problems or concerns.

Spoke to: \_\_\_\_\_

Physician Signature

Printed Name or Dictation #

Noted by J. Gifford, RN 11-4-16 @ 2200



PO0005

HENDERSON  
 10/01/13 3Y 01M L  
 Easterling, David R  
 K32957086

11/04/16

EXHIBIT

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